

**THE FOLLOWING FORMS MUST BE COMPLETED AND RETURNED EITHER
BY MAIL OR FAX TO THE ENERGY POLICY OFFICE
IN ORDER TO PROCESS YOUR BIODIESEL MANUFACTURERS
INCENTIVE FUND CONTRACT:**

1. ***ACH (automatic clearing house) form*** gives the State the ability to direct deposit reimbursements to the account you designate.
2. A ***faxed confirmation from your bank*** confirming your transit/bank number and account number for ACH Credits (not wire transfers) as indicated on your ACH form.
3. The ***W-9 form*** must be completed.
4. ***Mandatory Information Form*** provides information which will be incorporated into the training assistance contract.
5. Finance and Administration requests you to be on the Service Provider Registry please go online and if you do not have internet access, notify us and we will be glad to assist you.

<http://www.state.tn.us/finance/rds/ocr/sprs.html>

Note: If you have a problem opening these forms, please contact us.

ENERGY POLICY OFFICE
312 Eighth Ave., North, 10th Floor
Nashville, TN 37243-0405
Telephone - 615.741.2994
Fax - 615.741.5070



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)

NAME _____

Federal Identification Number or Social Security Number _____
(under which you are doing business with the State.)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) (*select type of account*) _____ CHECKING or _____ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

Do you currently receive payments from the State through ACH? _____ (Yes or No). If yes, do you intend for this account information to replace other existing account information currently used by the State? _____ (Yes or No). If yes, please specify the account that should be changed: ABA No. _____ Account No. _____.
Is this authorization only for certain types of payments? _____ (Yes or No). If yes, please indicate types:

Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: _____ Phone No. _____

DEPOSITORY/BANK NAME _____ BRANCH _____

CITY _____ STATE _____

ACH TRANSIT / ABA NO. _____ ACCOUNT NO _____

NAME(S) _____
(Please print names of authorized account signatory)

DATE _____ SIGNED X _____ SIGNED X _____

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN PAYMENTS ARE PROCESSED:

Contact name: _____
Telephone no.: _____

FOR STATE USE ONLY:

Contact Agency: _____
Contact Person: _____
Telephone No.: _____

SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
 - 10) Partnership
 - 11) A broker or registered nominee
 - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
 - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
-

3. Fill in your taxpayer identification number below: (please complete only one)

1) If you circled number 1-5 above, fill in your Social Security Number.

_____ - _____ - _____

2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

_____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____

MANDATORY INFORMATION TO PROCESS A CONTRACT

1. The Grantee is (CHECK THE ONE WHICH APPLIES)

A FOR PROFIT CORPORATION / _____

A GOVERNMENTAL ENTITY / _____

A PARTNERSHIP / _____

A JOINT VENTURE / _____

A LIMITED LIABILITY COMPANY / _____

2. The Grantee's place of incorporation is **[STATE OF ORGANIZATION]** _____

3. This Grant shall be effective for the period commencing on _____ and ending on _____

4. The Grantee: **TENNESSEE LOCATION INFORMATION (not Parent company)**

[NAME AND TITLE OF GRANTEE CONTACT PERSON]

CONTACT E-MAIL ADDRESS _____

[GRANTEE LEGAL ENTITY NAME] _____

[ADDRESS] _____

[TELEPHONE NUMBER] _____ / _____ / _____

[FACSIMILE NUMBER] _____ / _____ / _____

5. **[NAME OF GRANTEE]: who to sign from company**

[PRINT OFFICIAL NAME OF PERSON TO SIGN CONTRACT AND THEIR TITLE]